

New Jersey Department of Education
OFFICE OF SCHOOL-TO-CAREER AND COLLEGE INITIATIVES
Carl D. Perkins Vocational and Technical Education Act of 1998
and/or State Vocational Education

SPENDING PLAN TITLE PAGE – POST SECONDARY
Fiscal Year 2003

(Project Duration: July 1, 2002 through June 30, 2003)

Postsecondary Project Number: PSFS _____-03		
1. Name of Eligible Recipient:		
2. Name of Chief School Administrator/College President:	2a. Telephone #:	
	2b. FAX #	
	2c. E-mail Address:	
3. Name of Project Director or Contact Person:	3a. Telephone #	
	3b. FAX #:	
	3c. E-mail Address:	
4. Address:	5. County Name:	
	5a. County Code:	
6. Name of Person Responsible for Data Collection:	6a. Telephone #:	
	6b. FAX #:	
	6c. E-mail Address:	
7. Board Approval Date for Submission of Application:		
8. Total Allocation:	8a. If consortium participating, amount contributed by consortium:	8b. Total Funds Requested: (8 – 8a = 8b)
\$ _____	\$ _____	\$ _____

CONSORTIUM USE ONLY		
9. Consortium Agreement: _____ has been designated as the consortium Applicant/Lead Agency for this project. As an Applicant/Participating agency, I have agreed to the implementation of activities, utilization of funds, sharing of costs, and final disposition of equipment purchased with the funds as set forth in this application.		
10. Check One: <input type="checkbox"/> Applicant <input type="checkbox"/> Participant	11. Chief School Administrator Signature: _____	12. Date: _____

INSTRUCTIONS FOR COMPLETING POSTSECONDARY TITLE PAGE

FOR NON-CONSORTIUM APPLICANTS:

NOTE: **Complete individual project number** for the appropriate application with your agency's four-digit district code.

- 1-6c. **Complete** all identifying information.
7. Enter the **date** of board approval for submission of this application. **If the approval date is after the submission, forward a copy of the board resolution and/or minutes under separate cover.**
8. Enter the eligible recipient's total net allocation amount. Consortium applicants and members refer to the section below.
- 8a. **Enter zero (0)** if not a consortium member.
- 8b. **Enter total funds** requested for this application.
- Note:** Item 8b will reflect the full amount requested by the individual applicants.

Non-consortium districts/colleges/agencies do not complete items 9 through 12.

FOR CONSORTIUM APPLICATION ONLY

ALL PARTICIPATING AGENCIES (PARTICIPANTS) in the consortium (**including the consortium applicant/lead agency**) **must** complete an **individual** Title Page to be submitted with the consortium application. **All** consortium members must contribute **all** of their grant funds to the consortium. If a participant has \$0 grant funds, the board must still approve **participation** in the consortium.

Enter the **consortium project number**. Note that the **consortium project number** ends with the letter C. (i.e. PSFS 0000 – 03 C). The consortium project number **will be the same** for every participant.

1-6c **Complete** items.

7. Enter the **date** the applicant's board approved, or will approve, the contribution of the district's allocation to, and/or participation in, the consortium (Item 6). A copy of the board resolution is required if the application is submitted prior to board approval. Consortium participants should forward copies of resolutions to the consortium applicant.
8. **Complete** items 8 and 8a for the **funds contributed** to the consortium. Item 8 and 8 a will contain the district's total net allocation. **Item 8b will be zero**. If the participant has no allocation to contribute, **items 8, 8a, and 8b will be zero (0)**.
9. Enter the **name** of the **consortium applicant/lead agency**.
10. **Check (✓) Participant**.
11. The **chief school administrator** of each consortium participant (including the consortium applicant) must sign.
12. **Enter the date** of the signature.

Send the completed **Title Page** and signed **Statement of Assurances** to the consortium applicant/**lead agency**.

CONSORTIUM APPLICANT/LEAD AGENCY TITLE PAGE: In addition to the individual Title Page, the consortium applicant must complete a Title Page summarizing all funds being contributed by **all** members of the consortium.

Enter the **consortium project number**. Note that the **consortium project number** ends with the letter C. (i.e. PSFS 0000 – 03 C).

1-6c. **Complete** identifying consortium applicant information.

7. Enter the date of Board Approval for the submission of the consortium application. **If the approval date is after the submission, forward a copy of the board resolution and/or minutes under separate cover after the resolution has been passed.**
8. Enter entire **consortium allocation**. This represents a sum total of **all** funds being contributed by **all** members of the consortium, including the lead agency.
- 8a. Enter \$ 0 (zero).
- 8b. Enter **total funds** requested. This is the same amount entered in item 8.
9. Enter the **name** of the consortium member applicant/**lead agency**.
10. **Check (✓) Applicant**.
11. The **chief school administrator** of each consortium applicant/**lead agency** must sign.
12. Enter the **date** of the signature.